

Revisions Transmittal, Release 1
Provider Billing Manual Independent Laboratories and X-Rays
May 23, 2003

Initial the *Incorporated By* column to indicate that you actually replaced the pages in the binder.

Release Number	Revised Date	Incorporated By
1	May 23, 2003	

Make the following revisions to your Manual Documentation, and then file this information following the Cover Page to provide a record of all revisions.

Revision Reference				
Section	Remove Page	Insert Page	Revised Page(s)	Description of Change
Table of Contents	N/A	6	New	▪ Insert Revision Index page, Revised Date of 05/23/03.
Section 8.8	50	50	50	▪ Added paragraph requesting provider name, tax id, provider Medicaid number, and name of person making call.

8.8 Inquiries

When you or your representative calls the Provider Inquiry Unit, please be ready to provide the name of the person making the call, the provider name, the provider tax id number or social security number, and the provider Medicaid number.

When making written and telephone inquiries related to RA status, providers must provide ACS with the date of the RA and the TCN for the claim in question. All written inquiries should be mailed to the Provider Inquiry P.O. Box listed in Appendix A.